

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/596824		FILING DATE				
CLAIMS													
①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1				
2	1		1				52		1				
3		2		1			53		1				
4		2		1			54		1				
5		2		1			55		1				
6		1		1			56		1				
7		1		1			57		1				
8		1		1			58		1				
9		1		1			59		1				
10		1		1			60	1					
11		1		1			61	1					
12		1		1			62	1					
13		1		1			63	1					
14		1		1			64	1					
15	1		1				65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20	1		1				70						
21		1		1			71						
22		2		1			72						
23		2		1			73						
24		1		1			74						
25		1		1			75						
26	1		1				76						
27		1		1			77						
28		2		1			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32	1		1				82						
33		1		1			83						
34		2		1			84						
35		2		1			85						
36		1		1			86						
37		1		1			87						
38		1		1			88						
39		1		1			89						
40		1		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.	6	↓	6	↓	0	↓	TOTAL IND.	5	↓	0	↓	0	↓
TOTAL DEP.	55	←	44	←	0	←	TOTAL DEP.	9	←	9	←	0	←
TOTAL CLAIMS	61		50		0		TOTAL CLAIMS	14		9		0	

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